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Re: Hearing, February 10, 2005, Committee on Government Reform regarding the U.S. influenza vaccine supply

Mr. Chairman, my name is Dr. Alan Wasserman and I am Professor and Chairman of the Department of Medicine at the George Washington University Medical Center and President of the Medical Faculty Associates, the clinical faculty of the University's Medical Center.

At the height of influenza season last year, more than 10% of all deaths were related to pneumonia and influenza. In 12 of the past 21 years, the peak month for flu activity in the United States has been in February or March. We may get lucky and see fewer cases this year, but the chances are that the greatest threat from influenza is still before us, and yet, we can not give away flu vaccines.

We are only now seeing our offices filled with patients with flu-like symptoms, and our hospital has had to close on multiple occasions in the past week because beds are filled to capacity with patients with flu and complications from flu. It is not just the Pope who has been hospitalized with influenza induced pneumonia. And yet we can not give away free flu vaccines.

We ordered and received over 9,000 vaccine doses this year as we have for the past 4 years, expecting to use every dose. Ironically, supermarkets had their vaccine supplies before we had any. When restrictions were placed to inoculate only high-risk individuals we looked for ways to utilize our supply. We sent 1,000 doses to our hospital for use on their staff (as they never received their shipment). We attempted to inoculate all of our health care workers, but less than half chose to take a shot, many expressing their desire to save vaccine for our high risk patients. We supplied many of the private practices in the area with enough vaccine to give to their workers as many or most did not receive any supply. And as of yesterday, we successfully vaccinated over 4,000 of our high-risk patients.

We were left with approximately 3,600 doses of vaccine, and when the city relaxed restrictions we hastily convened an all-day flu vaccine fair at the Foggy Bottom Metro Station on January 13th. Thanks to the local media, we were able to publicize this event widely with constant radio reminders that included a live telecast on site by WTOP throughout the day. Our doctors, nurses, interns and residents spent the day administering free flu shots, but in the end we were left with over half our remaining supply. The headline in the Washington Post had it correct, G.W. stuck it to 1,889 people, but where were the others? Where was the passion, anxiety and response that we

saw in November and December to those free sessions that were offered before restrictions were put into place? We stood outside for over 8 hours, and yet we couldn't give away all our free flu vaccine. We will probably end the year with over 1500 doses going unused. Therefore, we and many health care organizations like us will be left with incurring the cost of unused vaccines and more importantly thousands of Americans will get sick needlessly.

This has been an unusual year, and this is a complicated issue involving the health of our community and country. But I would hope that this committee could address some important questions that have health care workers and the public perplexed:

1. If vaccinating our population for influenza is such a priority why is there no safeguard in producing vaccine? Which would cost more, redundancy in vaccine production with the risk of oversupply or the significant added cost to the government in Medicare and Medicaid payments for flu-related illness and hospitalization?
2. Why do our country's grocery stores receive their vaccine shipments well before most health care providers? Is that the way we will ensure that high-risk patients will be vaccinated? Debilitated patients, those on oxygen and others, usually do not have the stamina to fight their way in line and stand for hours. Is this really a public service or a set up for public panic?
3. Finally, can we continue to give mixed messages to the public? One year it is "get your vaccine in October or November" and the next year the public is told "it is still ok to get one in January or February." Skepticism is high among the public now that we are pushing vaccination at this late date. Some may think that we are only doing so to not look foolish ending the season with a surplus. Others may just feel that the greedy physician is out to make an extra dollar.
4. To add to the confusion, the District of Columbia, Maryland and Virginia each had different regulations, some with monetary penalties, for flu vaccine distribution. In such interrelated areas, where patients from one jurisdiction often see physicians in another, shouldn't uniform policies be considered?

There is much to be learned from what happened this year, but this year is not over. People remain at risk from what could be a virulent next two months. Earlier this year members of Congress and their staff set the example by not being inoculated thereby encouraging the public to refrain from getting flu shots so that there would be enough for the high risk group. Now the time has come for Congress to once again lead the way in getting inoculated now to encourage others to come forward while there is still time. Throwing away vaccine and filling our hospital beds would be a sad ending to a difficult season.